

**BIRCH, STEWART, KOLASCH & BIRCH, LLP**

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P.O. Box 747 • Falls Church, Virginia 22040-0747  
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:

5-FLUORO-, CHLORO- AND CYANO-PYRIDIN-2-YL-TETRAZOLES AS LIGANDS OF THE METABOTROPIC GLUTAMATE RECEPTOR-5

the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:

Fill in Appropriate  
Information -

The specification was filed on 06/9/2006 as United States Application Number \_\_\_\_\_ ;  
and amended on \_\_\_\_\_ (if applicable) and/or

For Use Without  
Specification  
Attached:

the specification was filed on 12/13/2004 as PCT International Application Number PCT/US2004/041401 ;  
and was amended on \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Insert Priority  
Information  
(if appropriate)

			Priority Claimed	
(Number)	(Country)	(Month/Day/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.

Insert Provisional  
Application(s):  
(if any)

<u>60/530,633</u>	<u>December 19, 2003</u>
(Application Number)	(Filing Date)
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All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:

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I hereby appoint the practitioners at **CUSTOMER NO. 54080** as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

**CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)**

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First  
or Sole Inventor:  
Insert Name of  
Inventor →  
Insert Date This  
Document is Signed

Insert Residence  
Insert Citizenship →

Insert Post Office  
Address →

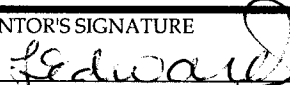
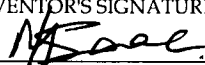
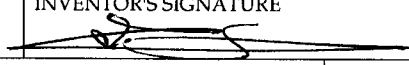
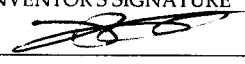
Full Name of Second  
Inventor, if any:  
see above

Full Name of Third  
Inventor, if any:  
see above

Full Name of Fourth  
Inventor, if any:  
see above

Full Name of Fifth  
Inventor, if any:  
see above

Full Name of Sixth  
Inventor, if any:  
see above

GIVEN NAME/FAMILY NAME David WENSBO	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Södertälje, Sweden	CITIZENSHIP Sweden	
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o AstraZeneca R & D Headquarters; Global Intellectual Property, SE-151 85 Södertälje; SE-151 85 Södertälje; SWEDEN		
GIVEN NAME/FAMILY NAME Louise EDWARDS	INVENTOR'S SIGNATURE 	DATE* June 28/06
Residence (City, State & Country) Toronto, Canada	CITIZENSHIP Canada	
MAILING ADDRESS (Complete Street Address including City, State & Country) 101 College Street, South Tower, Suite 800, Toronto, Ontario, M5G 1L8		
GIVEN NAME/FAMILY NAME Methvin ISAAC	INVENTOR'S SIGNATURE 	DATE* July 5/06
Residence (City, State & Country) Toronto, Canada	CITIZENSHIP Canada	
MAILING ADDRESS (Complete Street Address including City, State & Country) 101 College Street, South Tower, Suite 800, Toronto, Ontario, M5G 1L8		
GIVEN NAME/FAMILY NAME Donald A. MCLEOD	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Salt Lake City, Utah	CITIZENSHIP US	
MAILING ADDRESS (Complete Street Address including City, State & Country) 383 Colorow Drive, Salt Lake City, Utah 84108, USA		
GIVEN NAME/FAMILY NAME Abdelmalik SLASSI	INVENTOR'S SIGNATURE 	DATE* July 5, 2006
Residence (City, State & Country) Toronto, Canada	CITIZENSHIP Canada	
MAILING ADDRESS (Complete Street Address including City, State & Country) 101 College Street, South Tower, Suite 800, Toronto, Ontario, M5G 1L8L8		
GIVEN NAME/FAMILY NAME Tao XIN	INVENTOR'S SIGNATURE 	DATE* July 5, 2006
Residence (City, State & Country) Toronto, Canada	CITIZENSHIP Canada	
MAILING ADDRESS (Complete Street Address including City, State & Country) 101 College Street, South Tower, Suite 800, Toronto, Ontario, M5G 1L8		

\*DATE OF SIGNATURE

Full Name of Seventh Inventor, if any: see above	GIVEN NAME/FAMILY NAME Thomas M. STORMANN	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Salt Lake City, Utah		CITIZENSHIP US
	MAILING ADDRESS (Complete Street Address including City, State & Country) 383 Colorow Drive, Salt Lake City, Utah 84108, USA		
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Full Name of First  
or Sole Inventor:  
Insert Name of  
Inventor →  
Insert Date This  
Document is Signed

Insert Residence  
Insert Citizenship →

Insert Post Office  
Address →


Full Name of Second  
Inventor, if any:  
see above

Full Name of Third  
Inventor, if any:  
see above

Full Name of Fourth  
Inventor, if any:  
see above

Full Name of Fifth  
Inventor, if any:  
see above

Full Name of Sixth  
Inventor, if any:  
see above

<b>GIVEN NAME/FAMILY NAME</b> David WENSBO	<b>INVENTOR'S SIGNATURE</b>	<b>DATE*</b>
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<b>GIVEN NAME/FAMILY NAME</b> Donald A. MCLEOD	<b>INVENTOR'S SIGNATURE</b> 	<b>DATE*</b> 7.10.2006
Residence (City, State & Country) Salt Lake City, Utah		<b>CITIZENSHIP</b> US
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals Inc., 383 Colorow Drive, Salt Lake City, Utah 84108, USA		
<b>GIVEN NAME/FAMILY NAME</b> Abdelmalik SLASSI	<b>INVENTOR'S SIGNATURE</b>	<b>DATE*</b>
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	Thomas M. STORMANN		<i>Thomas M. Stormann</i> 7-10-2006
	Residence (City, State & Country)	CITIZENSHIP	
	Salt Lake City, Utah		US
	MAILING ADDRESS (Complete Street Address including City, State & Country)		
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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